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APPLICANTS

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 ** CONTINUING DATA *****

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 ** FOREIGN APPLICATIONS *****

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 IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 10/28/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <u>Alma M. G.</u> Examiner's Signature Initials	STATE OR COUNTRY MN	SHEETS DRAWING 7	TOTAL CLAIMS 28	INDEPENDENT CLAIMS 2
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ADDRESS

27581
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TITLE

Small format connector clip of an implantable medical device

FILING FEE RECEIVED 894	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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